



# **INTERNATIONAL COLLEGE OF PROFESSIONAL KINESIOLOGY PRACTICE FACULTY TRAINING LEVEL 1 Training Workshop Attendance Agreement and Registration Form**

## **In signing this document, I agree to accept the following:**

I recognise that the International College of Professional Kinesiology Practice (ICPKP) is the parent body for the ICPKP FAC 1 Training Workshop and accept the ICPKP Trainer as representative and administrator of the ICPKP's educational policy. I understand that ICPKP is not a clinic and does not give treatments. I understand that the ICPKP makes no claims for curing, healing, or diagnosing diseases, and I will not imply that the use of these techniques will do so.

## **REFUND POLICY**

I understand that tuition fees for ICPKP FAC 1 Training Workshop are due and payable in full 7 days before the first class session, unless financial arrangements have been made in writing with the Trainer a minimum of 14 days in advance. The attendance fee as at 1st January, 2010 is \$Au2750 including GST. ICPKP Faculty Trainers reserve the right to revise rates, rules and schedules where necessary. A non-refundable deposit of \$Au275 must accompany this registration application.

Tuition Refund Policy: No matter the length of the training, once class has begun, refunds will be as follows: Up to the end of day one, 40% refund. Up to the end of day two, no refund. See also below regarding dismissal by the Trainer.

## **ETHICS**

I will respect the no smoking policy in the classroom and adjacent areas, rest rooms included. Any conduct constituting a disturbance to other students, or a menace to the health or safety of the students, Trainer or administration shall be subject to dismissal at the discretion of the Trainer, and any fees paid are not refundable.

I agree to observe confidentiality with my fellow students and the Trainer, in relation to issues arising from within the course.

## **COMPLETION REQUIREMENT OF ICPKP FAC1 TRAINING WORKSHOP**

- To have attended a minimum of 90% contact and class time
- To abide by the conditions of attendance as set down by the ICPKP Faculty Trainer
- To indicate to the Trainer by the beginning of Day 2 if my intention is to satisfy competency requirements for teaching BKP classes
- If participating in competency requirements, to have passed the required theory assessment as set down by the Trainer
- To have participated in exercises for presentation, communication, negotiation and problem solving skills as requested by the Trainer
- To have completed all financial transactions of the training with the Trainer

I understand that when I have satisfied the terms of this agreement, I will receive a certificate of attendance at the end of the Training Workshop. I understand this does not certify me as a ICPKP Registered Instructor and that I must fulfill further prerequisites before I am recognised as a Registered Instructor and ICPKP Faculty.

I understand the meaning of the above and also that I am free to offer feedback on any of the information, or any comments I have heard which may differ from the above. I agree to offer this feedback in writing to the Trainer.

Name: ..... Ph: .....

Address: ..... Fax: .....

City/Country: ..... Post Code: ..... State: ..... Mobile: .....

Email: .....

Name of this Training Workshop: **ICPKP FAC 1 Training Workshop**

Deposit Paid: ..... Balance Due: ..... Course Dates: .....

Venue: **ACKM, Suite 1-77 Willoughby Rd Crows Nest, NSW, 2065, Australia**

Trainers: **Dr Bruce Dewe, Arthur Bablis, Ed Faust.**

Signature of participant: ..... Date: .....